



Massachusetts Department of Public Health
Office of Emergency Medical Services
Part A: Ambulance Service
License Application



1) Service Number 	2) Service Expiration Date:	3) Is this application ____ Initial ____ Renewal ____ Basic ____ Intermediate ____ Paramedic
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4) SERVICE INFORMATION

Name		
Address		
City	State	Zip
Business Number ()	24 Hour Access number, non 9-1-1 ()	
24 Hour access fax number ()	24 hour access e-mail address:	
Manager Name		Administrative e-mail address:
		Contact Person

7) LICENSEE INFORMATION

Name	
Address	
City	State Zip
Business Phone () Number	e-mail address

8) PARENT or ASSOCIATED COMPANIES OF OWNER

Name			
Address			
City	State	Zip	
9) Service Ownership Type?	Sole Proprietor Government	Partnership Corporation	Limited Partnership Other:

10) with which hospital(s) do you have an affiliation agreement or memorandum of understanding?

Hospital Name	ALS	ASA	Defib	EPI
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11) Total number of vehicles:				
Class I	Class II	Class IV	Class V	
12) Total number of EMS personnel				
EMTs: Basic:		Intermediate:	Paramedic:	

13) Does the ambulance service respond ONLY to calls from a unique population? ☐ YES ☐ NO

If yes, identify population(s): _____

14) Indicate the number of runs resulting in patient transport performed by this service in the last calendar/fiscal year

Date From: ____/____/____ To: ____/____/____ ☐ Check if numbers are estimated

Emergency Runs: Routine Scheduled: Total Runs:

15) Do you currently have any Waivers?

Check	Waiver Type	Extension Requested
	Vehicle Waivers	YES NO
	Service Operation Waivers	YES NO
	Intermediate and Paramedic staffing waiver	YES NO
	Special Project Waiver	YES NO
OEMS use only	Fee Received	Amount

Part A: Ambulance Service License Application

STATEMENT OF NON-DISCRIMINATION

Pursuant to 105 CMR 170.335 of the Emergency Medical Services System Regulations, Regulating Ambulances and Ambulance Services, "no person shall discriminate on the grounds of race, color, religion, national origin, sex, sexual orientation, age, ancestry or disability in any aspect of its provision of ambulance or EMS first response service or in employment practices. This section requires compliance with M.G.L. c. 151B, as amended, which is a statute prohibiting unlawful discrimination."

This ambulance service is and will continue to be in conformance with these requirements.

TAX CERTIFICATION STATEMENT

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

This license will not be issued unless this certification clause is signed by the applicant.

Your tax identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or are delinquent WILL BE SUBJECT TO LICENSE SUSPENSION OR REVOCATION. This request is made under the authority of M.G.L. c. 62C s. 49A.

18) License social security or federal identification number:

19) Does this service have any outstanding assessments levied by the Department of Public Health?

☐

YES

☐

NO

I understand that additional information may be required by the Massachusetts Department of Public Health to complete the application process, and agree to provide such information as requested. I, the undersigned, attest that I am duly authorized to complete and sign this application, that I have read this application in its entirety and that the information contained herein is complete, accurate and true. Signed under the pains and penalties of perjury.

Authorized Signature _____ Date _____

Print Name _____ Date _____

FEE INFORMATION

Fee must accompany application or a letter of explanation must be submitted. Applications will not be submitted for licensure until fee has been received.

FEES ARE AS FOLLOWS:

\$400 BLS application, \$600 ALS application, and \$200 per vehicle.
Make check(s) payable to Commonwealth of Massachusetts.

Return completed application packet, fee and proof of insurance to:

**Office of Emergency Medical Services
2 Boylston Street, 3rd Floor
Boston, MA 02116**